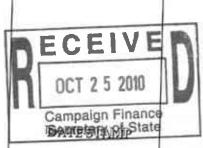
REPORT OF RECEIPTS AND DISBURSEMENTS ludicial Election

Delbert Hosemann SECRETARY OF STATE



Name of Committee Committee to Elect Jeff Weill Address P.O. Drawer 12753, Jackson, MS 39236 Telephone 601-354-4926 Fax 601-354-4947 Treasurer Walter Murphy ____Email wnmurphy2@comcast.net Check here if above is different from previous report TYPE OF REPORT November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)........Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting

IMPORTANT

expenditures and has no outstanding campaign debt obligation) obligations

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. in such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-it		This Period		Calendar Year-To-Date
Total amount of contributions			\$ 19,110.00	\$	118,568.37
Total amount of disbursements	\$34,885.55 +\$ 653	1.64	\$ 35,537.19	\$	78,647.72
Total amount of cash on hand			\$ 39,920.65	1	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson,

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Reporting period___

10-1-2010

through 10-23-2010

A. Source: Corporation PAC Mindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jeff Almand	10 / 12/ 10	\$ 2,000.00
Mailing Address		\$
107 Cherry Laurel Circle		•
City, State, Zip Code		
18:15 N 15-1	1 1	\$
Ridgeland, MS 39157		
Name of Employer (Required)	1 1	\$
MS Sports Medicine		
Occupation (Required) Physician	Aggregate	\$ 0,000,00
	year-to-date	2,000.00
B. Source: Corporation PAC Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	40 40 40	*
Stephen Stewart	10 / 12 / 10	500.00
Mailing Address		\$
235 St. Andrews Drive	111	•
City, State, Zip Code		
Jackson, MS 39211	1 1	\$
Name of Employer (Required)	7 7	\$
FSS Mgmt., LLC		
Occupation (Required) Investments	Aggregate	\$ 500.00
REPRESENTATION AND A SECOND SE	yearto-date	500.00
C. Source: ☐ Corporation ☐ PAC 🐧 Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 : 10 : 10	\$ 500,00
Carl Reddix	10 / 12 / 10	500.00
Mailing Address	72 91	\$
5903 Ridgewood Rd., Suite 310	I —'—'—	*
City, State, Zip Code		\$
Jackson, MS 39211		
Name of Employer (Required)		\$
Health Assurances, LLC		•
Occupation (Required)	Aggregate	\$
Physician	year-to-date	500.00
D. Source: Corporation PAC Nindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Mrs. Walter Wilder	10 / 14/ 10	\$ 250.00
Mailing Address		
2660 Lake Circle	111	\$
City, State, Zip Code		
Jackson, MS 39211		\$
Name of Employer (Required)	31 02	
N/A		\$
Occupation (Required)	Aggregate	•
Retired	year-to-date	\$ 250.00

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Reporting period 10-1-2010 through 10-23-2010

A. Source: □ Corporation □ PAC Mindividual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 14 / 10	\$ 500.00
Carson Hughes Mailing Address		
		\$
1018 Highland Colony Parkway, Suite 700		
City, State, Zip Code	1 1	\$
Ridgeland, MS 39157		
Name of Employer (Required)	1 1	\$
Telaplex, Inc. Occupation (Required)		
Corporate officer	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Aindividual Loan	year-to-date	
□ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		e
J. Peyton Randolf, II	10 / 14 / 10	\$ 500.00
Mailing Address		\$
613 Steed Road		•
City, State, Zip Code		
T. C. C. L. L. C.	1 1	\$
Ridgeland, MS 39157		
Name of Employer (Required)	1 1	\$
self employed Occupation (Required)		
gM063	Aggregate year-to-date	\$ 500.00
Attorney C. Source: Corporation PAC Individual Loan	year to date	
□ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 14 / 10	\$ 1,000.00
James H. Creekmore	10, 11, 10	
Mailing Address	1 1	\$
4658 Old Canton Rd. City, State, Zip Code		
STATE OF THE STATE	1 1	\$
Jackson, MS 39211		
Name of Employer (Required)	1 1	\$
Telaplex, Inc. Occupation (Required)		
Corporate officer	Aggregate year-to-date	1,000.00
D. Source: Corporation PAC Individual Clan	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Full name		
Wade Creekmore, Jr.	10 / 14 / 10	\$ 1,000.00
1018 Highland Colony Parkway, Suite 700	-/-/-	\$
City, State, Zip Code	19801 55863	
Ridgeland, MS 39157		\$
Name of Employer (Required)	1 1	\$
Telaplex, Inc.		5
Occupation (Required)	Aggregate	\$ 1,000,00
Corporate officer	year-to-date	1,000.00

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Reporting period 10-1-2010 through 10-23-2010

A. Source: Corporation PAC Andividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike McNames	10 / 18 / 10	\$ 300.00
Mailing Address	7	\$
City, State, Zip Code		-
Jackson, MS 39236	//	\$
Name of Employer (Required)	7 7	\$
nformation requested		
Occupation (Required) Information requested	Aggregate	\$ 300.00
B. Source: Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		•
Com Dunbar	<u>10 / 20 / 10</u>	250.00
Mailing Address	V2 797	\$
2476 Eastover Drive	-/-/-	
City, State, Zip Code		\$
Jackson, MS 39211	''-	in the second
Name of Employer (Required)		\$
elf employed		
Occupation (Required)	Aggregate	\$ 050.00
Attorney	year-to-date	250.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 4 00 4 10	\$ 250.00
ynda Costas	10 / 20 / 10	250.00
Malling Address	1 1	\$
200 Meadowbrook Rd. #17 City, State, Zip Code		
Jackson, MS 39206		\$
Name of Employer (Required)		s
self employed		•
Occupation (Required) nvestments	Aggregate year-to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan	year-to-date	
□ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10.00 7.10	
en Puckett, Sr. Mailing Address	10/20 / 10	\$ 500.00
City, State, Zip Code	!!	\$
ackson, MS 39207		\$
Name of Employer (Required)	1 1	e
Docupation (Required)	-'-'-	\$
orporate officer	Aggregate year-to-date	\$ 500.00

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Reporting period_

10-1-2010 through 10-23-2010

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Phillip Thomas	10 / 20 / 10	\$ 500.00
Mailing Address P.O. Box 24464	11	\$
City, State, Zip Code	1 1	\$
Jackson, MS 39225 Name of Employer (Required)		\$
self employed		•
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Kindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lee Nicols	10 / 20 / 10	\$ 1,000.00
Mailing Address		
119 N. State Street, Suite 502		\$
City, State, Zip Code Jackson, MS 39202		\$
Name of Employer (Required)		\$
Central Surgical Associates	'	*
Occupation (Required) Physician	Aggregate year-to-date	\$ 1,000.00
C. Source: Corporation PAC Individual Loan Cother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Park Development, LLC	10 / 21 / 10	\$ 250.00
Malling Address		\$
124 One Madison Plaza, Suite 1500 City, State, Zip Code		s
Madison, MS 39110		3
Name of Employer (Required)		\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 250.00
D. Source: Corporation PAC Nindividual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jon Turner	10 / 21 / 10	\$ 250.00
Mailing Address 1315 Fontaine Drive		\$
City, State, Zip Code Jackson, MS 39211	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required) CPA	Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee <u>Committee to Elect Jeff Weill</u> 10-1-2010 through 10-23-2010

Reporting period_

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Shane Langston	10 / 21/ 10	\$ 500.00
Mailing Address 2214 Heritage Hill Dr.	11	\$
City, State, Zip Code Jackson, MS 39211	1 1	\$
Name of Employer (Required)		
Langston & Associates		\$
Occupation (Required)	Aggregate	
Attorney	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joe Lauderdale	10 / 21/ 10	\$ 500.00
Mailing Address		
P.O. Box 3770	'	\$
City, State, Zip Code		\$
Jackson, MS 39207		100
Name of Employer (Required)		\$
Sunbelt Sealing, Inc.		
Occupation (Required)	Aggregate	\$ 500.00
Slab Stabilization, sealing C. Source: Corporation PAC Individual Loan	year-to-date	500.00
C. Source: Corporation PAC Individual Loan KOther (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
MS Sports Medicine & Orthopaedic Ctr., PLLC Malling Address	10 / 21 / 10	1,000.00
P.O. Box 16870		\$
City, State, Zip Code		\$
Jackson, MS 39236		•
Name of Employer (Required)		\$
V/A		•
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
D. Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name J. Russell Rooks	10 / 21 / 10	\$ 500.00
Mailing Address 190 N. State Street, Suite 502		\$
City, State, Zip Code	1 1	\$
Jackson, MS 39202 Name of Employer (Required)		y € //
Central Surgical Associates Occupation (Required)		\$
Physician	Aggregate year-to-date	\$ 500.00

Reporting period 10-1-2010 through 10-23-2010

ITEMIZED DISBURSEMENTS

A. Full name Jeff Pedigo - Ad Agent	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 - 10	•
5378 Jamacia Drive	10 / 5 / 10	900.00
City, State, Zip Code		s
Jackson, MS 39211		177
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,700.00
B. Full name Ameri Mail Digital Direct LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 /6/10	s 807.85 6,370.80
P.O. Box 2174 City, State, Zip Code	40 / 0 / 40	
50.955.4350.775 - catasta	10 / 19 / 10	s 6;370:80
Jackson, MS 39225-2174 Purpose of Disbursement (Optional)	10 7 10 10	6,370.80
	10 / 23 / 10 Aggregate Year-to-date	33,930.39
C. Full name	Date	Amount of each
The Republic Group Mailing Address	(Mo., Day, Year)	disbursement this period
210 E. Capitol, Suite 1900	<u>10 / 7 / 1</u> 0	\$ 1,000.00
City, State, Zip Code Jackson, MS 39201	10_/_18/_10	\$ 1,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 18,266.43
D. Full name	Date	Amount of each
Northside Sun	(Mo., Day, Year)	disbursement this period
Mailing Address	10 / 7 / 10	\$ 501.89
246 Briarwood Drive	10,7,10	201:09
City, State, Zip Code	1 1	\$
Jackson, MS 39236		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	801.89
E. Full name	Date	Amount of each
Lamar Companies	(Mo., Day, Year)	disbursement this period
Mailing Address	10 / 8 / 10	\$ 500.00
P.O. Box 96030	<u> </u>	500.00
City, State, Zip Code		S
Baton Rouge, LA 70896 Purpose of Disbursement (Optional)		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
F. Full name	Date	Amount of each
Alpha Printing	(Mo., Day, Year)	disbursement this period
Mailing Address	10 ,12 , 10	s 1,086.10
P.O. Box 7106	==,'==,'=='	
City, State, Zip Code	9 F	S
Jackson, MS 39282-7106		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 1,086.10

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Reporting period 10-1-2010

through 10-23-2010

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each	
James Hendrix	(Mo., Day, Year)	disbursement this period	
Mailing Address 5106 Old Canton Rd.	10 / 18 / 10	\$ 150.00	
City, State, Zip Code			
[2] (2.10mm) 2.10mm (2.10mm)		S	
Jackson, MS 39211 Purpose of Disbursement (Optional)			
Purpose of Distursariant (Optional)	Aggregate Year-to-date	900.00	
B, Full name:	Date	Amount of each	
Primos Cafe	(Mo., Day, Year)	disbursement this period	
Mailing Address	10 / 19 / 10	\$ 366.57	
515 Lake Harbour Drive	<u> 10</u> , <u>17</u> , <u>10</u>	300137	
City, State, Zip Code	11	S	
Ridgeland, MS 39157-4208			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 366.57	
C. Full name	Date	Amount of each	
WFMN - FM	(Mo., Day, Year)	disbursement this period	
Mailing Address	10 / 19 / 10	\$ 1,200.00	
6311 Ridgewood Road	10 / 19 / 10	1,200.00	
City, State, Zip Code	11	S	
Jackson, MS 39211			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	1,200.00	
D. Full name	Date	Amount of each	
WJNI / WOAD	(Mo., Day, Year)	disbursement this period	
Mailing Address	10 / 19 / 10	\$ 1,425.00	
731 S. Pear Orchard, Suite 27	10 / 12 / 10	1,425.00	
City, State, Zip Code	10./23/_10	\$ 250.00	
Ridgeland, MS 39157	34.723.130	230.00	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	1,675.00	
E. Full name	Date	Amount of each	
Garden Graphics - Geoff Gleason	(Mo., Day, Year)	disbursement this period	
Mailing Address	10 / 22 / 10	\$ 150.00	
5405 Marblehead Drive	10 / 23 / 10	156.00	
City, State, Zip Code	71	S	
Jackson, MS 39211	-'-'-		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 490.75	
F. Full name	Date	Amount of each	
WRBJ	(Mo., Day, Year)	disbursement this period	
Mailing Address	10 / 23 / 10	\$ 400.00	
745 N. State Street	10 / 23/ 10	400.00	
City, State, Zip Code	_1_1_	S	
Jackson, MS 39202			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00	

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Name of Candidate or Committee

Committee to Elect Jeff Weill

Reporting period ___

10-1-2010

_ through ___

10-23-2010

ITEMIZED DISBURSEMENTS

A. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecan Park Circle	<u>10 / 23 / 10</u>	\$ 400.00
City, State, Zip Code Jackson, MS 39209	10 / 23 / 10	\$ 40.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 440.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code	_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s